

Instructions For Answer to Complaint Regarding Parental Obligation

WHEN TO USE THIS PACKET

Use this packet **if you want to:**

- **Respond to Complaint Regarding Parental Obligation served on you from County of Fresno DCSS**
- Request a different orders for Child Support
- Request a blood test to determine if you are the parent or not

STEPS IN RESPONDING TO PATERNITY:

The forms in this packet can be used to Answer the Complaint Regarding Parental Obligation.

You have 30 days from the date you were served to serve the other party with a copy of your Answer and to file your Answer with the court.

- You will need to complete the paper work enclosed with this packet;
- Have it reviewed for completeness and correctness;
- Make 2 copies and have someone over the age of 18 *other than you* mail a copy of your Answer to Family Support and complete the Proof of Service;
- File your Answer and the Proof of Service with the court.
- Pay a filing fee of \$233 to file these papers unless you qualify for a fee waiver.

FORMS NEEDED:

Answer to Complaint for Parental Obligation
Financial Statement
Proof of Service by Mail

FL-610
FL-155
FL-335

SAMPLE

FORMS

FL-610																						
<p style="font-size: x-small;">ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):</p> <div style="border: 1px solid black; height: 40px; margin: 5px 0;"></div> <p style="font-size: x-small;">TELEPHONE NO. (Optional): 1 FAX NO. (Optional):</p> <p style="font-size: x-small;">E-MAIL ADDRESS (Optional):</p> <p style="font-size: x-small;">ATTORNEY FOR (Name):</p> <p style="font-size: x-small;">SUPERIOR COURT OF CALIFORNIA, COUNTY OF</p> <p style="font-size: x-small;">STREET ADDRESS: 2</p> <p style="font-size: x-small;">MAILING ADDRESS:</p> <p style="font-size: x-small;">CITY AND ZIP CODE:</p> <p style="font-size: x-small;">BRANCH NAME:</p> <p style="font-size: x-small;">PETITIONER/PLAINTIFF:</p> <p style="font-size: x-small;">RESPONDENT/DEFENDANT: 3</p> <p style="font-size: x-small;">OTHER PARENT:</p> <p style="text-align: center; font-weight: bold; font-size: small;">ANSWER TO COMPLAINT OR SUPPLEMENTAL COMPLAINT REGARDING PARENTAL OBLIGATIONS</p>	<p style="font-size: x-small; text-align: center;">FOR COURT USE ONLY</p> <div style="border: 1px solid black; height: 150px; margin: 5px 0;"></div> <p style="font-size: x-small;">CASE NUMBER:</p>																					
<p style="font-weight: bold; font-size: small;">YOU MUST FILE THIS ANSWER WITH THE COURT IF YOU WISH TO OPPOSE THE LAWSUIT</p>																						
<p>4 If you disagree with the proposed judgment attached to the <i>Summons and Complaint</i>, you must file this <i>Answer</i> with the court clerk within 30 days of the date you were served with the <i>Complaint</i>. File the original <i>Answer</i> with the court clerk at the address for the superior court stated above and serve a copy on the local child support agency. Keep a copy for your records.</p>																						
<p>1. PARENTAGE: I am the parent of the following children:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 40%; font-size: x-small;">Name of child</th> <th style="width: 50%; font-size: x-small;">Date of Birth</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> </tbody> </table> <p>5</p> <p><input type="checkbox"/> Additional children are listed on a page attached to this <i>Answer</i>. 6</p>			Name of child	Date of Birth	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Name of child	Date of Birth																				
<input type="checkbox"/> Yes	<input type="checkbox"/> No																					
<input type="checkbox"/> Yes	<input type="checkbox"/> No																					
<input type="checkbox"/> Yes	<input type="checkbox"/> No																					
<input type="checkbox"/> Yes	<input type="checkbox"/> No																					
<input type="checkbox"/> Yes	<input type="checkbox"/> No																					
<input type="checkbox"/> Yes	<input type="checkbox"/> No																					
<p>7 2. I request a genetic test to determine parentage be done for all children for whom I have checked a "No" box above. I understand that the local child support agency will pay for the cost of the testing now, but that I may have to repay those costs if the court decides that I am the parent.</p>																						
<p>8 3. CHILD SUPPORT</p> <p>a. <input type="checkbox"/> I agree to pay support as stated in the proposed judgment.</p> <p>b. <input type="checkbox"/> I disagree with the support requested. Attached is my completed <i>Income and Expense Declaration</i> (form FL-150) or <i>Financial Statement (Simplified)</i> (form FL-155). NOTE: You can file this <i>Answer</i> without either of these forms.</p>																						
<p>9 4. <input type="checkbox"/> I disagree with the proposed judgment for the following reasons (<i>specify</i>):</p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>																						
<div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>Form Adopted for Mandatory Use Judicial Council of California FL-610 (Rev. January 1, 2003)</div> <div style="text-align: center;"> ANSWER TO COMPLAINT OR SUPPLEMENTAL COMPLAINT REGARDING PARENTAL OBLIGATIONS (Governmental) </div> <div>Page 1 of 3 Family Code, §§ 17400, 17404, 22301 www.courtinfo.ca.gov</div> </div>																						

How to fill out

ANSWER TO COMPLAINT or Supplemental Complaint Regarding Parental Obligations (FL-610)

DIRECTIONS

- ▶ Find the number on the sample form. *Example:* 1
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

- 1 Write your name and address. You may also write your phone, fax and email address, but this is your choice.
- 2 If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- 3 Write the name of the agency that filed the Complaint against you (for example, County of Fresno, FSD), next to "Petitioner/Plaintiff."

Write your name next to "Respondent/Defendant."

Write the other parent's name next to "Other Parent."
- 4 There is nothing to fill out, but you should read this section carefully.
- 5 List the names of all children that are part of this case under Name of child and list their birthday under Date of Birth. Check "yes" if you agree that you are the parent, and "no" if you do not believe that you are the parent.
- 6 Check the box if additional children are listed on a page attached to this Answer.
- 7 If you checked any "No" boxes above, you are giving the court permission to order a test to find out if you are or are not the parent of the child or children. You do not have to pay for this test unless the test shows that you are the parent.
- 8 Check a. if this statement is true for you. Check b. if you do not agree. You can attach one of the forms described, but you are not required to do so.
- 9 If you disagree with the "proposed judgment," check the box and write down your reasons in the space provided. For example, "I do not believe the child is mine and I would like a blood test to decide if I am the father," or "The child is already living with me and I am already supporting the child."

ANSWER TO COMPLAINT (FL-610)

- page two -

DIRECTIONS

- ▶ Find the number on the sample form. *Example:* 15
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

<div style="display: flex; justify-content: space-between;"><div>PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:</div><div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; text-align: center; line-height: 30px; margin: 0 auto;">10</div></div>	CASE NUMBER:
--	--------------

5. My address and telephone number for receipt of all notices and court dates until I file a change with the court and with the local child support agency are as follows:

Address:
City and Zip Code:
Home Telephone:
Work Telephone:
E-mail Address (optional):

11

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

12

13 An adult other than you must complete the *Proof of Service* below and provide a copy of this *Answer* to the local child support agency at the following address (specify):

13

PROOF OF SERVICE

6. I am at least 18 years of age, and not a party to this action. I served this *Answer* and any other forms filed with the *Answer* on the local child support agency and any other party required to be served.

a. ☐ **Personal delivery.** I personally delivered this *Answer* to an employee of the local child support agency as follows:

(1) Name of employee:
(2) Address where delivered:
(3) Date of delivery:
(4) Time of delivery:

b. ☐ **Mail.** I deposited this *Answer* in the United States mail, in a sealed envelope with postage fully prepaid. I used first class mail. The envelope was addressed and mailed as follows:

(1) Name:
(2) Address:
(3) Date of mailing:
(4) Place of mailing (city and state):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON WHO SERVED ANSWER)

This case may be referred to a court commissioner for hearing. By law, court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case *will* act as a temporary judge unless, *before the hearing*, you or any other party objects to the commissioner acting as a temporary judge. The court commissioner may still hear your case to make findings and a recommended order. If you do not like the recommended order, you must object to it within 10 court days in writing, (use *Notice of Objection (Governmental)*, (form FL-666); otherwise, the recommended order will become a final order of the Court.) If you object to the recommended order, a judge will make a temporary order and set a new hearing.

FL-610 (Rev. January 1, 2003)ANSWER TO COMPLAINT OR SUPPLEMENTAL COMPLAINT
REGARDING PARENTAL OBLIGATIONS
(Governmental)Page 2 of 3

- 10

Write the full name (first, middle, last) of all the parties.
- 11

Fill in your address and phone numbers (and your email address if you choose). This is the address all legal papers will be sent unless you file a change of address with the court and child support agency.
- 12

Fill in the date and print your name on the left. By signing your name on the right you are saying that everything written on this form is true and correct.
- 13

DO NOT FILL OUT THE REST OF THIS FORM. LEAVE IT BLANK. USE FORM FL-335 FOR PROOF OF SERVICE.

INFORMATION SHEET FOR ANSWER TO COMPLAINT

Please follow these instructions to complete the *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations* (form FL-610) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

You must file the completed *Answer* and attachments with the court clerk within 30 days of the date you received the *Summons and Complaint* (form FL-600). The address of the court clerk is the same as the one shown for the Superior Court on the *Summons and Complaint* (form FL-600). You may have to pay a filing fee. If you cannot afford to pay the filing fee, contact the court clerk to obtain forms to apply for a waiver of court fees. **Keep two copies of the filed *Answer* form and its attachments. Serve one copy on the local child support agency and keep the other copy for your records. (See *Information Sheet for Service of Process*, form FL-611.)**

Upon receipt of your filed *Answer*, the local child support agency will set a court hearing on this matter.

INSTRUCTIONS FOR COMPLETING THE ANSWER FORM (TYPE OR PRINT FORM IN BLACK INK):

Front page, first box, top of form, left side. Print your name, address, and telephone number in this box if they are not already there.

1. For each child listed on the *Answer* form, you must check the "yes" box if you agree that you are that child's parent, or check the "no" box if you do not think or are not sure whether you are that child's parent. You must write in the name of each child listed in the *Summons and Complaint* (form FL-600) if your *Answer* form does not include the names of any children.

NOTE: Checking the "no" box does not satisfy the requirements needed to set aside any *Voluntary Declaration of Paternity* which you may have signed (Family Code Section 7575).

2. If you have checked a "no" box in answer to number 1 above, you must request a genetic test to determine whether you or the other parent is the parent. (The test is usually a blood test.) The local child support agency will tell you when and where to go for the test. The local child support agency will pay for the cost of the test now. If the court decides the test shows parentage as pleaded in the *Complaint*, you may have to repay this cost to the local child support agency.
3.
 - a. Check this box if you agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form FL-630) that you received.
 - b. You should check this box if you do not agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form FL-630).
4. If you agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form FL-630), but you disagree with the proposed judgment for another reason, you should check this box and write your reasons in this space. **If you have documents that prove your reasons for disagreeing with the proposed *Judgment*, you should attach the documents to the *Answer* form.**
5. You must list your address and phone numbers where you can receive all notices and court dates. You must let the court know whenever your address changes. If the court does not have your current address, you may not receive important notices that affect you.

You must date the *Answer* form, print your name, and sign the form under a penalty of perjury. When you sign the *Answer* form, you are stating that the information you have provided is true and correct.

Instructions for how to complete the *Proof of Service* section of the *Answer* form are in the *Information Sheet for Service of Process* (form FL-611). The person who serves the *Answer* and its attachments must fill out this section of the form. **You cannot serve your own *Answer*.**

ANSWER TO COMPLAINT (FL-610)

- page three -

**There is nothing to fill
out here, but you
should read this page
carefully.**

FL-155

1. Your name and address (or attorney's name and address)

2. COUNTY OF: _____

3. BRANCH NAME: _____

4. My only source of income is TANF, SSI, or GA/GR.

5. I am the parent of the following number of natural or adopted children from this relationship: _____

6. The children from this relationship are with me this amount of time: _____ %

7. The children from this relationship are with the other parent this amount of time: _____ %

8. My tax filing status is: ☐ single ☐ married filing jointly ☐ head of household ☐ married filing separately

9. My current gross income (before taxes) per month is: _____

10. I pay the following monthly expenses for the children in this case:

11. I spend the following average monthly amounts (please attach proof):

12. Information concerning my current employment:

Employer: _____

Address: _____

Telephone number: _____

My occupation: _____

Date work started: _____

Date work stopped (if applicable): _____

What was your gross income (before taxes) before work stopped? _____

FINANCIAL STATEMENT (SIMPLIFIED)

How to fill out

FINANCIAL STATEMENT (SIMPLIFIED) (FL-155)

DIRECTIONS

- Find the number on the sample form.
Example: 1
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink.
- If you know the CASE NUMBER fill it in. If not known, leave it blank.

- Don't use this form for:** Spousal Support, Attorneys Fees or if you are self-employed. Read the INSTRUCTIONS on page 2 to see make sure you qualify. Then, write your name and address here.
- If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- You are the "Petitioner" if you started the case. You are the "Respondent" if another person started the case against you. Write the full name (first, middle, last) of each.
- Check 1.a. if you are on TANF, SSI, or GA/GR and this is the only money you get. If you check this box, skip to **10** (#8) below. Check 1.b if you have applied for TANF, SSI, or GA/GR, but not getting money yet.
- For # 2, put in the number of children born or adopted by you and the other party. For # 3, write in the percentage of time you are with the child/children and the percentage of time the other parent is with them. Example: if you have them weekdays and the other parent has them weekends the children are with you about 70% of the time and with the other parent about 30% of the time.
- For # 4, check the box that tells how you currently file your taxes, either as a single person, married filing together, as head of household, or married but filing on your own.
- For # 5, put in the amount of money you get each month before taxes are taken out. Then check the boxes where the money comes from and write each amount. When you add these amounts, the number should be the same as what you wrote for your total monthly income.
- For # 6, check all boxes that apply to you, and list the amount of each of these expenses.
- Check the box after # 7 if you have other children under age 18 living with you, *who are not part of this case*. Put in the number of children and list the amount of money you spend each month on them.
- Read # 8 carefully, and check all boxes that apply to you. List the average amount of money you spend each month on these items. Attach proof that you make these payments (statements, bills, invoices, etc.).
- For # 9, check the first box if you currently have a job or the second box if you are currently not working. Give the name, address and phone number of your current employer, or your most recent employer. Occupation means your job title. For example, "mechanic" or "cashier." Write the date you started this job and/or stopped & what income was.

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT: _____	CASE NUMBER: _____
---	--------------------

10. My estimate of the other party's gross monthly income (*before taxes*) is _____ \$

11. My current spouse's monthly income (*before taxes*) is _____ \$

12. Other information I want the court to know concerning child support in my case (*attach extra sheet with the information*). _____

13. ☐ I am attaching a copy of page 3 of form FL-150, *Income and Expense Declaration* showing my expenses.

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: _____

(TYPE OR PRINT NAME) _____ (SIGNATURE OF DECLARANT) _____

☐ PETITIONER/PLAINTIFF ☐ RESPONDENT/DEFENDANT

INSTRUCTIONS

Step 1: Are you eligible to use this form? *If your answer is YES to any of the following questions, you may NOT use this form:*

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?
 - Welfare (such as TANF, GR, or GA)
 - Salary or wages
 - Disability
 - Unemployment
 - Interest
 - Workers' compensation
 - Social security
 - Retirement
- Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

Step 2: Make 2 copies of each of your pay stubs for the last two months. If you received money from other than wages or salary, include copies of the pay stub received with that money.

Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

Step 3: Make 2 copies of your most recent federal income tax form.

Step 4: Complete this form with the required information. Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

Step 5: Make 2 copies of each side of this completed form and any attached pages.

Step 6: Serve a copy on the other party. Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

Step 7: File the original with the court. Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

Step 8: Keep the remaining copies of the documents for your file.

Step 9: Take the copy of your latest federal income tax return to the court hearing.

It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.

FL-155 (Rev. January 1, 2004) Page 2 of 2

FINANCIAL STATEMENT (FL-155)

- page two -

DIRECTIONS

- ▶ Find the number on the sample form.
Example: 15
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink.
- ▶ If you know the CASE NUMBER, fill it in. If not known, leave it blank.

- 12 List the full name of both parties in the case.
- 13 Put in the total amount of money you think the other party makes in a month before taxes are taken out. If you have remarried write your current spouses income (before taxes).
- 14 If you want the court to know what your expenses are, you can attach page 3 of form FL-150.
- 15 Print your name on the left and sign it on the right. Put in the date that you signed the form. By signing this form you are saying that what you wrote is correct. If you have something else you want the court to know about your case, write it down on another piece of paper and attach it to this form.
- 16 Read and follow the INSTRUCTIONS section carefully. There is nothing to fill out, but there is information here that will help you. "Eligible" means "allowed." Most people filling out this form are probably eligible, but if you answered YES to any of the questions in Step 1, you are not allowed to use this form.

Make sure to attach check stubs for the last 2 months. Cross out your social security numbers.

How to fill out

PROOF OF SERVICE BY MAIL (Family Law) FL-335

DIRECTIONS:

- ▶ Find a number on the sample form.
Example: ❶
- ▶ Go to the same number below to find out how to fill out the form
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

FL-335	
<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><small>ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17490) (Name, state bar number, and address)</small></div> <div style="text-align: center; font-size: 24px; font-weight: bold; margin-bottom: 10px;">❶</div> <div style="display: flex; justify-content: space-between; font-size: small;"><div>TELEPHONE NO.:</div><div>FAX NO.:</div></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><small>ATTORNEY FOR (Name):</small></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">SUPERIOR COURT OF CALIFORNIA, COUNTY OF</div> <div style="font-size: 24px; font-weight: bold; text-align: center; margin-bottom: 10px;">❷</div> <div style="font-size: small;">STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><small>PETITIONER/PLAINTIFF:</small></div> <div style="font-size: 24px; font-weight: bold; text-align: center; margin-bottom: 10px;">❸</div> <div style="font-size: small;">RESPONDENT/DEFENDANT: OTHER PARTY:</div> <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">PROOF OF SERVICE BY MAIL</div>	<div style="border: 1px solid black; height: 100px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 100px;"></div> <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">CASE NUMBER</div>
<p>NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).</p> <p>1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.</p> <p>2. My residence or business address is:</p> <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 5px 0;">❹</div> <p>3. I served a copy of the following documents (<i>specify</i>):</p> <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 5px 0;">❺</div> <p>by enclosing them in an envelope AND</p> <p>a. <input type="checkbox"/> depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.</p> <p>b. <input type="checkbox"/> placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.</p> <p>4. The envelope was addressed and mailed as follows:</p> <p>a. Name of person served:</p> <p>b. Address:</p> <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 5px 0;">❻</div> <p>c. Date mailed:</p> <p>d. Place of mailing (<i>city and state</i>):</p> <p>5. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <p>Date:</p> <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 5px 0;">❼</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 45%; border-top: 1px solid black; text-align: center; font-size: small;">(TYPE OR PRINT NAME)</div><div style="width: 45%; border-top: 1px solid black; text-align: center; font-size: small;">(SIGNATURE OF PERSON COMPLETING THIS FORM)</div></div>	
<div style="display: flex; justify-content: space-between;"><div>Form Approved for Optional Use Judicial Council of California FL-335 (Rev. January 1, 2002)</div><div>PROOF OF SERVICE BY MAIL</div><div>Code of Civil Procedure, §§ 1013, 1013a www.courtinfo.ca.gov</div></div>	

NOTE: the person serving the papers will use this form if they mailed the papers.

- ❶ Write your name, address, and telephone number.
- ❷ If not filled in for you, write “Fresno” after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- ❸ Write the names of the parties. You are “Petitioner” if you started the case. You are “Respondent” if you did not.
- ❹ Write the home or business address of the person who will serve the papers.
- ❺ Write the names of the papers served. (For example, “Notice of Motion.”)
- ❻ Write the name and address of the person to whom the papers were mailed exactly as it was written on the envelope.
Write the date the envelope was mailed, and the city and state from which it was mailed.
- ❼ The person who mailed the papers will write the date at the bottom of the page, print his/her name, and sign his/her name.

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
 - a. Check this box if you put the documents in the regular U.S. mail.
 - b. Check this box if you put the documents in the mail at your place of employment.
4. a. Print the name you put on the envelope containing the documents.
b. Print the address you put on the envelope containing the documents.
c. Write in the date that you put the envelope containing the documents in the mail.
d. Write in the city and state you were in when you mailed the envelope containing the documents.
5. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.

PROOF OF SERVICE BY MAIL (Family Law) FL-335

- page two -

There is nothing to fill out on this page, but you should read these instructions.

BLANK

FORMS

If you disagree with the proposed judgment attached to the *Summons and Complaint*, you must file this *Answer* with the court clerk within 30 days of the date you were served with the *Complaint*. File the original *Answer* with the court clerk at the address for the superior court stated above and serve a copy on the local child support agency. Keep a copy for your records.

- [illegible]

2. I request a genetic test to determine parentage be done for all children for whom I have checked a "No" box above. I understand that the local child support agency will pay for the cost of the testing now, but that I may have to repay those costs if the court decides that I am the parent.

a. ☐ I agree to pay support as stated in the proposed judgment.

b. ☐ I disagree with the support requested. Attached is my completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155). NOTE: You can file this *Answer* without either of these forms.

- | | | |
|---|--|---|
| Form Adopted for Mandatory Use
Judicial Council of California
FL-610 [Rev. January 1, 2003] | ANSWER TO COMPLAINT OR SUPPLEMENTAL COMPLAINT
 REGARDING PARENTAL OBLIGATIONS
 (Governmental) | <div style="text-align: right;"> Page 1 of 3
 Family Code, §§ 17400,
 17404, 2330.1
 www.courtinfo.ca.gov
 <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> American LegalNet, Inc.
 www.USCourtForms.com </div> </div> |
|---|--|---|

PETITIONER/PLAINTIFF:	
RESPONDENT/DEFENDANT:	
OTHER PARENT:	
CASE NUMBER:	

5. My address and telephone number for receipt of all notices and court dates until I file a change with the court and with the local child support agency are as follows:

Address:
City and Zip Code:
Home Telephone:
Work Telephone:
E-mail Address (optional):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)
----------------------	--------------------------

An adult other than you must complete the *Proof of Service* below and provide a copy of this *Answer* to the local child support agency at the following address (specify):

PROOF OF SERVICE

6. I am at least 18 years of age, and not a party to this action. I served this *Answer* and any other forms filed with the *Answer* on the local child support agency and any other party required to be served.

a. ☐ **Personal delivery.** I personally delivered this *Answer* to an employee of the local child support agency as follows:

(1) Name of employee:
(2) Address where delivered:
(3) Date of delivery:
(4) Time of delivery:

b. ☐ **Mail.** I deposited this *Answer* in the United States mail, in a sealed envelope with postage fully prepaid. I used first class mail. The envelope was addressed and mailed as follows:

(1) Name:
(2) Address:

(3) Date of mailing:
(4) Place of mailing (city and state):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)	(SIGNATURE OF PERSON WHO SERVED ANSWER)
----------------------	---

This case may be referred to a court commissioner for hearing. By law, court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case will act as a temporary judge unless, before the hearing, you or any other party objects to the commissioner acting as a temporary judge. The court commissioner may still hear your case to make findings and a recommended order. If you do not like the recommended order, you must object to it within 10 court days in writing, (use *Notice of Objection (Governmental)*, (form FL-666); otherwise, the recommended order will become a final order of the Court.) If you object to the recommended order, a judge will make a temporary order and set a new hearing.

INFORMATION SHEET FOR ANSWER TO COMPLAINT

Please follow these instructions to complete the *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations* (form FL-610) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

You must file the completed *Answer* and attachments with the court clerk within 30 days of the date you received the *Summons and Complaint* (form FL-600). The address of the court clerk is the same as the one shown for the Superior Court on the *Summons and Complaint* (form FL-600). You may have to pay a filing fee. If you cannot afford to pay the filing fee, contact the court clerk to obtain forms to apply for a waiver of court fees. **Keep two copies of the filed *Answer* form and its attachments. Serve one copy on the local child support agency and keep the other copy for your records. (See *Information Sheet for Service of Process*, form FL-611.)**

Upon receipt of your filed *Answer*, the local child support agency will set a court hearing on this matter.

INSTRUCTIONS FOR COMPLETING THE *ANSWER* FORM (TYPE OR PRINT FORM IN BLACK INK):

Front page, first box, top of form, left side. Print your name, address, and telephone number in this box if they are not already there.

1. For each child listed on the *Answer* form, you must check the "yes" box if you agree that you are that child's parent, or check the "no" box if you do not think or are not sure whether you are that child's parent. You must write in the name of each child listed in the *Summons and Complaint* (form FL-600) if your *Answer* form does not include the names of any children.

NOTE: Checking the "no" box does not satisfy the requirements needed to set aside any *Voluntary Declaration of Paternity* which you may have signed (Family Code Section 7575).

2. If you have checked a "no" box in answer to number 1 above, you must request a genetic test to determine whether you or the other parent is the parent. (The test is usually a blood test.) The local child support agency will tell you when and where to go for the test. The local child support agency will pay for the cost of the test now. If the court decides the test shows parentage as pleaded in the *Complaint*, you may have to repay this cost to the local child support agency.
3.
 - a. Check this box if you agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form FL-630) that you received.
 - b. You should check this box if you do not agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form FL-630).
4. If you agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form FL-630), but you disagree with the proposed judgment for another reason, you should check this box and write your reasons in this space. **If you have documents that prove your reasons for disagreeing with the proposed *Judgment*, you should attach the documents to the *Answer* form.**
5. You must list your address and phone numbers where you can receive all notices and court dates. You must let the court know whenever your address changes. If the court does not have your current address, you may not receive important notices that affect you.

You must date the *Answer* form, print your name, and sign the form under a penalty of perjury. When you sign the *Answer* form, you are stating that the information you have provided is true and correct.

Instructions for how to complete the *Proof of Service* section of the *Answer* form are in the *Information Sheet for Service of Process* (form FL-611). The person who serves the *Answer* and its attachments must fill out this section of the form. **You cannot serve your own *Answer*.**

Your name and address or attorney's name and address: ATTORNEY FOR (Name): PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	TELEPHONE NO.:	FOR COURT USE ONLY CASE NUMBER:
FINANCIAL STATEMENT (SIMPLIFIED)		

NOTICE: Read page 2 to find out if you qualify to use this form and how to use it.

1. a. ☐ My only source of income is TANF, SSI, or GA/GR.
 b. ☐ I have applied for TANF, SSI, or GA/GR.
2. I am the parent of the following number of natural or adopted children from this relationship _____
3. a. The children from this relationship are with me this amount of time _____ %
 b. The children from this relationship are with the other parent this amount of time _____ %
 c. Our arrangement for custody and visitation is *(specify, using extra sheet if necessary)*:
4. My tax filing status is: ☐ single ☐ married filing jointly ☐ head of household ☐ married filing separately.
5. My current gross income *(before taxes)* per month is _____ \$
 This income comes from the following:
 Attach 1 ☐ Salary/wages: Amount before taxes per month _____ \$
 copy of pay ☐ Retirement: Amount before taxes per month _____ \$
 stubs for ☐ Unemployment compensation: Amount per month _____ \$
 last 2 ☐ Workers' compensation: Amount per month _____ \$
 months here ☐ Social security: ☐ SSI ☐ Other Amount per month _____ \$
 (cross out ☐ Disability: Amount per month _____ \$
 social ☐ Interest income (from bank accounts or other): Amount per month _____ \$
 security
 numbers)
 I have no income other than as stated in this paragraph.
6. I pay the following monthly expenses for the children in this case:
 a. ☐ Day care or preschool to allow me to work or go to school _____ \$
 b. ☐ Health care not paid for by insurance _____ \$
 c. ☐ School, education, tuition, or other special needs of the child _____ \$
 d. ☐ Travel expenses for visitation _____ \$
7. ☐ There are *(specify number)* _____ other minor children of mine living with me. Their monthly expenses that I pay are _____ \$
8. I spend the following average monthly amounts *(please attach proof)*:
 a. ☐ Job-related expenses that are not paid by my employer *(specify reasons for expenses on separate sheet)* _____ \$
 b. ☐ Required union dues _____ \$
 c. ☐ Required retirement payments (not social security, FICA, 401k or IRA) _____ \$
 d. ☐ Health insurance costs _____ \$
 e. ☐ Child support I am paying for other minor children of mine who are not living with me _____ \$
 f. ☐ Spousal support I am paying because of a court order for another relationship _____ \$
 g. ☐ Monthly housing costs: ☐ rent or ☐ mortgage _____ \$
 If mortgage: interest payments \$ _____ real property taxes \$ _____
9. Information concerning ☐ my current employment ☐ my most recent employment:
 Employer:
 Address:
 Telephone number:
 My occupation:
 Date work started:
 Date work stopped *(if applicable)*: _____ What was your gross income *(before taxes)* before work stopped?: _____

It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.

Step 8: Keep the remaining copies of the documents for your file.
Step 9: Take the copy of your latest federal income tax return to the court hearing.

your return.

Step 7: File the original with the court. Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit

of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.
Step 6: Serve a copy on the other party. Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy

Step 5: Make 2 copies of each side of this completed form and any attached pages.

Step 4: Complete this form with the required information. Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

Step 3: Make 2 copies of your most recent federal income tax form.

payment notice or your tax return

Step 2: Make 2 copies of each of your pay stubs for the last two months. If you received money from other than wages or salary, include copies of the pay stub received with that money.
 Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

- Are you self-employed?
- Unemployment
 - Disability
 - Salary or wages
 - Welfare (such as TANF, GR, or GA)
 - Interest
 - Workers' compensation
 - Social security
 - Retirement
- Do you receive money (income) from any source other than the following?
- Is the other party asking you to pay his or her attorney fees?
 - Are you asking the other party to pay your attorney fees?
 - Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
 - Are you asking for spousal support (alimony) or a change in spousal support?

use this form:

Step 1: Are you eligible to use this form? If your answer is YES to any of the following questions, you may NOT

INSTRUCTIONS

PETITIONER/PLAINTIFF ☐ RESPONDENT/DEFENDANT ☐
 (SIGNATURE OF DECLARANT)

(TYPE OR PRINT NAME)

Date:

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

13. ☐ I am attaching a copy of page 3 of form FL-150, *Income and Expense Declaration* showing my expenses.

12. Other information I want the court to know concerning child support in my case (attach extra sheet with the information).

11. My current spouse's monthly income (before taxes) is \$.....

10. My estimate of the other party's gross monthly income (before taxes) is \$.....

PETITIONER/PLAINTIFF:
 RESPONDENT/DEFENDANT:
 OTHER PARENT:

CASE NUMBER:

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
3. I served a copy of the following documents (*specify*):

a. ☐ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.

b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

- Name of person served:
- Address:
- Date mailed:
- Place of mailing (*city and state*):

Date:

(SIGNATURE OF PERSON COMPLETING THIS FORM)

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.

2. Print your home or business address.

3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).

a. Check this box if you put the documents in the regular U.S. mail.

b. Check this box if you put the documents in the mail at your place of employment.

a. Print the name you put on the envelope containing the documents.

b. Print the address you put on the envelope containing the documents.

c. Write in the date that you put the envelope containing the documents in the mail.

d. Write in the city and state you were in when you mailed the envelope containing the documents.

5. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.